

CLAIMS ONLY

Application Number

101804, 605

" Filling Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6/27/14		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17						
18						
19						
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26						
27						
28						
29						
30						
31						
32	1					
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35						
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39						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep	3					
Total Depend	14					
Total Claims	17					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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97						
98						
99						
100						
Total Indep						
Total Depend						
Total Claims						